

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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C. Acolion

**Applicant** 

: Thuji Simon Lin, et al.

Confirmation No. 2222

Application No. : 10/045,283

Filed

: October 18, 2001

Title

: CONSTELLATION-MULTIPLEXED TRANSMITTER AND RECEIVER

Grp./Div.

: 2634

Examiner

: Cicely Q. Ware

Docket No.

: 47450/DBP/B600

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

November 10, 2005

## Commissioner:

Enclosed is an amendment to the above-identified application.

|                                  |   | CLAIM                         | IS AS AME                 | NDED                 |                      |     |
|----------------------------------|---|-------------------------------|---------------------------|----------------------|----------------------|-----|
|                                  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Paid For | Number<br>Extra<br>Claims | Small Entity<br>Rate | Large Entity<br>Rate | FEE |
| Total Claims Fee                 | 50  | *55                           | 0                         | x \$25.00            | x \$50.00            |     |
| Independent Claims               | 4   | ** 5                          | 0                         | x \$100.00           | x \$200.00           |     |
| Multiple Dependent<br>Claims *** |   |                               |                           | \$180.00             | \$360.00             |     |
| TOTAL FILING<br>FEE              |   |                               |                           |                      |                      |     |
| NO ADDITIONAL<br>FEE REQUIRED    | IF NO FEE REQUIRED, INSERT "0"            |                               |                           |                      |                      | 0   |

LIST INDEPENDENT CLAIMS: 1, 48, 49, 54

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME

## Amendment Transmittal Letter Application No. 10/045,283

|   | Attached is our check for \$ to pay the fees calculated above.  A Petition for Extension of Time and the required fee are enclosed.                                    |
|---|--|
| X | Other enclosures: Appendix: 6 Sheets Replacement drawings, 6 Sheets Annotated drawings, substitute Abstract page; Terminal Disclaimer with Transmittal and Check \$130 |

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Fariba Sirjani

Reg. No. 47,947 626/795-9900

FS/cah

CAH PAS652195.1-\*-11/9/05 2:29 PM